

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025444

STATE FILE NUMBER

2838

FILED JUL 17 1958		Registration District No. 149		Primary Registration District No. 1002		Registrar's No. 2838	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2831 E 9th St</u>		Length of stay in lb <u>49 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>2831 E 9th St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE</u> <u>Di</u> <u>CAPO</u>				4. DATE OF DEATH Month Day Year <u>6-2-1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 1, 1891</u>	
9. AGE (In years last birthday) <u>66</u>		10. FUND 1 YEAR Months Days Hours Min.		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Companions, Italy</u>		11. BIRTHPLACE (City and state or country) <u>5</u>	
13a. FATHER'S NAME <u>Valentino Di Capo</u>				13b. MOTHER'S MARDEN NAME <u>Josephine Piazza</u>		14. NAME OF HUSBAND OR WIFE <u>Mary</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>510-07-2364</u>		17. INFORMANT Address <u>Mary Di Capo 2831 E 9th St</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Boschemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> DUE TO (c) <u>Cardiac failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5/21-58</u> <u>8/13/58</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4434</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>6/2/58</u>					
20g. COUNTY <u>6/11/58</u>		20h. STATE <u>6/11/58</u>					
21. I attended the deceased from Death occurred at <u>8/13/56</u> to <u>6/2/58</u> and last saw him alive on <u>6/11/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>A. Saladino, M.D.</u>					
22b. ADDRESS <u>1040 Argyle St</u>		22c. DATE SIGNED <u>6-4-58</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>6-5-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>	
24. FUNERAL DIRECTOR <u>Kanawanda Bros KC MO</u>		ADDRESS <u>6-5-58</u>		25. DATE RECD. BY LOCAL REG. <u>6-5-58</u>		26. REGISTRAR'S SIGNATURE <u>vera minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A. Saladino

All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.



no 2-0286

- STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Leonard Passantino

Licensed Embalmer No. 4554
P. O. Address Ke Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.